



***Application Summary***  
**State Community Development Block Grant –**  
**Colonias Allocation (2006/2007 & 2007/2008)**

**1.a Application Information**

Applicant Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**1.b Authorized Representative Information (per the Resolution)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_ Check here if address information is the same as above, if not, fill in information below.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**1.c Applicant Contact Information (if different than above)**

\_\_\_\_ Check if the contact information is the same as above. (If not, complete below)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

| 2. Requested Funding for All Proposed Activities |                  |   |                                   |   |
|--|------------------|---|-----------------------------------|---|
| Activity   | Amount Requested | Program Operator                          | Result of CDBG Planning/TA Grant? | Target Population (Enter Codes from Part 5) |
| General Administration                           | \$               | ____ Applicant Staff<br>____ Other Agency |                                   |   |
| <b>Public Work Project(s)</b>                    |                  |   |                                   |   |
|  | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity Delivery                                | \$               |   |                                   |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| <b>Housing – New Construction Project(s)</b>     |                  |   |                                   |   |
|  | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity Delivery                                | \$               |   |                                   |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| <b>Housing – Acquisition</b>                     |                  |   |                                   |   |
|  | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity Delivery                                |                  |   |                                   |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| <b>Housing – Rehabilitation (Single-Family)</b>  |                  |   |                                   |   |
| Single-Family Rehabilitation                     | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity Delivery – Single-Fam.                  | \$               |   |                                   |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| <b>Housing - Rehabilitation (Multi-Family)</b>   |                  |   |                                   |   |
|  | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity Delivery                                | \$               |   |                                   |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| <b>Public Service Program(s)</b>                 |                  |   |                                   |   |
|  | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity Delivery                                | \$               |   |                                   |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| <b>Community Facility Project(s)</b>             |                  |   |                                   |   |
|  | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity Delivery                                | \$               |   |                                   |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| <b>Planning Activities (for Colonias only)</b>   |                  |   |                                   |   |
|  | \$               | ____ Applicant Staff<br>____ Other Agency | ____ Yes ____ No<br>Grant # _____ |   |
| Activity TOTAL                                   | \$               |   |                                   |   |
| TOTAL Funding Requested:                         | \$               |   |                                   |   |

### 3. Location of Activities – U.S. Census

| Name of CDBG Activity |  | Jurisdiction-wide or Target Area?  | Census Tract Numbers and Block Group Numbers (for target area activities only) |
|-----------------------|--|--|--|
| 1.                    | Public Work Project (s)                        | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |
| 2.                    | Housing New Construction Project (s)           | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |
| 3.                    | Housing Acquisition Program/Project            | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |
| 4.                    | Housing Rehabilitation – Single-Family Program | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |
| 5.                    | Housing Rehabilitation – Multi-Family Project  | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |
| 6.                    | Public Service Program                         | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |
| 7.                    | Community Facility Project                     | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |
| 8.                    | Planning Activities                            | <input type="checkbox"/> Jurisdiction Wide<br><input type="checkbox"/> Target Area |  |

#### 4. Legislative Representative Information

|          | District # | First Name | Last Name |
|----------|------------|------------|-----------|
| Assembly |            |            |           |
| Senate   |            |            |           |
| Congress |            |            |           |

|          | District # | First Name | Last Name |
|----------|------------|------------|-----------|
| Assembly |            |            |           |
| Senate   |            |            |           |
| Congress |            |            |           |

|          | District # | First Name | Last Name |
|----------|------------|------------|-----------|
| Assembly |            |            |           |
| Senate   |            |            |           |
| Congress |            |            |           |

#### 5. Target Populations

- |                        |                                  |
|------------------------|----------------------------------|
| 1. Physically Disabled | 9. Seniors                       |
| 2. Persons with AIDS   | 10. Mentally Ill                 |
| 3. Youths              | 11. Veterans                     |
| 4. Single Adults       | 12. Victims of Domestic Violence |
| 5. Single Men          | 13. Substance Abusers            |
| 6. Single Women        | 14. Dually-Diagnosed             |
| 7. Families            | 15. Homeless                     |
| 8. Farmworkers         | 16. Other: _____                 |

## PART B. – Required Certifications and Documentation

### 1. Resolution of the Governing Body *This document is required.* See sample in Appendices.

The Resolution submitted with this application must:

- ☐ be an **original or an original certified copy** of the Resolution; and
- ☐ authorize submission of the application; and
- ☐ approve the application's contents (funding requested, activities, committed leverage, etc.); and
- ☐ authorize its execution (and any amendments thereto); and
- ☐ designate a person authorized to enter into an agreement, if funded.

CDBG strongly recommends that applicants use the suggested language in the sample Resolution. (See Appendices in this application package)

### 2. Statement of Assurances. *This document is required.*

**All applicants must use the form provided by the State.** (See Appendices this application package.) Original signature is required from Chief Executive Officer (in blue ink).

### 3. Hold Out Status

Has the applicant received written **hold out letter** from the Department?

☐ Yes. If yes, see note below. ☐ No.

Has the applicant received a written **hold out waiver letter** from the Department?

☐ Yes. ☐ No. If no, the applicant is not eligible to submit an application.

### 4. Housing Element Status. *CDBG compliance is required.*

The Department will not award funds to any applicant who is not in CDBG compliance with their Housing Element by **June 1, 2007**. No extensions will be granted beyond that date. Call Paul McDougall at 916-322-7995 to verify status of the housing element.

### 5. Compliance with OMB Circular A-133.

All applicants must use the form provided in the Appendices. Complete the form and have it signed in **blue ink**.

**6. Residential Anti-Displacement and Relocation Assistance Plan Checklist** *This document is required.*

1. Does the proposed activity include acquisition of real property?

☐ No. (If no, go to #3 below)

☐ Yes. If yes, check the appropriate box below and answer question 2 and 3.

☐ Site Control under option to purchase.

☐ Site is identified but no negotiations have taken place.

☐ Site not identified (Stop here and go to next Section)

2. Will site acquisition require use of eminent domain?

☐ Yes.

☐ No.

3. Will the activity involve acquisition or rehabilitation of site with structures and are structures currently occupied?

☐ Yes. The applicant must provide documentation showing that persons in the project have received a General Information Notice and provide a copy of a project-specific relocation plan, which was made public. The plan must address how many persons will be displaced and services and benefits made available.

☐ No. The applicant must provide documentation of why no person will be displaced (i.e., property being acquired has no structures on it, or structures on the property have been vacant for over 120 days).

4. Will this project cause the elimination of affordable housing units and trigger Section 104(d) replacement requirements?

☐ Yes. Successful applicants must provide a plan to CDBG staff for replacing all affordable housing units eliminated as a special condition of the contract.

☐ No.

## PART B. – Required Certifications and Documentation

### 7. Growth Control. *This information is required.*

Has the applicant enacted limitations on residential construction, which limitations are not establishing agricultural preserves, not imposed by another agency, or not based on a health and safety need?

\_\_\_\_\_ Yes. If yes, see note below. \_\_\_\_\_ No.

NOTE: If the applicant has a General Plan, ordinance, or other measure which directly limits by number either the building permits which may be issued for residential construction, or buildable lots which may be developed for residential purposes, and the measure does not meet any of the exceptions found in the Program Regulations, Section 7056 (b)(2)(B), check "Yes" and attach a copy of the measure in this section of the application.

### 8. Citizen Participation. *This information is required.*

The Program's Public Hearings/Citizen Participation requirements are described in the 2006 CDBG Grant Management Manual, Chapter 18. Use this section of the application to make sure you have met these requirements.

\_\_\_\_\_ Public hearing was conducted during the **program design** phase of the application.

\_\_\_\_\_ Public hearing was conducted to **approve submittal** of the application. (This hearing must have been conducted at least 30 days after program design phase hearing.)

\_\_\_\_\_ Public notices announcing the public hearings were published in a local newspaper and contained the required information, as stated in the 2006 GDBG Grant Management Manual.

\_\_\_\_\_ Sign-in sheets are available for each public hearing.

- Did the jurisdiction receive written comments during the public hearings process prior to submitting this application?

\_\_\_\_\_ Yes. If yes, see note below. \_\_\_\_\_ No.

**Note:** If a jurisdiction received written comments as part of the public hearings process prior to submitting the CDBG application, a copy of the comments must be submitted with the application. In addition, the jurisdiction's response must also be included.

Be sure to make an entry on the Application Checklist.

## PART B. – Required Certifications and Documentation

### 9. Joint Powers Agreement. *This form may be required.*

An Agreement is required by the CDBG Regulations, Section 7060(c) as part of an application on behalf of another jurisdiction or for joint applications. Applicants must prepare an Agreement if the following conditions exist:

- if one application is submitted by two or more jurisdictions, or
- if a county is applying on behalf of a city in the same county, or
- if a county applicant is applying on behalf of itself and a city in the same county

Section 7060(c) provides that such agreements must be on forms provided by the Department. Contact your CDBG Representative to obtain a copy.

Additional provisions may be added by applicants either by attachments to the agreement or by typing additional provisions or exceptions into the spaces provided on the form. Space has been left between each paragraph for applicants to modify any provisions to fit the applicant's particular situation. The applicant should enter "not applicable" if a provision clearly has no meaning in light of the activities proposed. Do not leave any lines blank.

If the applicant proposes to create a separate Joint Powers agency, the Department must be consulted regarding the inclusion of legal requirements.



## PART B. – Required Certifications and Documentation

### 10. NEPA Environmental Certification.

If the proposed activity will include administration, engineering, architectural, or other related services prior to project implementation, the jurisdiction must prepare a Finding of Exemption before beginning work on any of these services (such services are exempt under Part 58.34 of the Federal environmental regulations pertaining to CDBG recipients). **In addition to the Finding of Exemption, the Environmental Form 58.6 must also be prepared for each exempt activity.**

The jurisdiction may choose to provide this environmental certification (Finding of Exemption and Form 58.6) with this application. If this application is funded, provision of this certification will expedite commencement of service work upon execution of the State contract.

**Additional environmental review documents will be needed after contract execution for other phases of project implementation.**

### Finding of Exemption

It is the finding of the City/County of \_\_\_\_\_ that the activities proposed in this application for State Community Development Block Grant funds are exempt from environmental review requirements under NEPA because they are defined as exempt activities in 24 CFR Part 58.34. The activity(ies) judged exempt consist(s) of:

#### Brief Description of Activities:

#### NEPA Citation

General Administration Activities

58.34 (a) (3)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Print/Type Name of Authorized Official (per resolution)

Title

Signature

Date

## PART B. – Required Certifications and Documentation

U.S. Department of Housing and Urban Development



Pacific/Hawaii Office  
450 Golden Gate Avenue  
San Francisco, California 94102-3448

**ACTIVITY DESCRIPTION:** General Administration

**Level of Environmental Review Determination:** Exempt per 24 CFR 58.34

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per § 58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

### STATUTES and REGULATIONS listed at 24 CFR 58.6

#### FLOOD DISASTER PROTECTION ACT

1. Does the project involve acquisition, construction or rehabilitation of structures located in a FEMA-identified Special Flood Hazard?

( ☒ ) No; Cite Source Document: Exempt General Admin Activities will not impact 100 year flood zones. (This factor is completed).

( ☐ ) Yes; Source Document: \_\_\_\_\_ (Proceed).

2. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?

( ☐ ) Yes (Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept on file).

( ☐ ) No (**Federal assistance may not be used in the Special Flood Hazards Area**).

#### COASTAL BARRIERS RESOURCES ACT

1. Is the project located in a coastal barrier resource area?

( ☒ ) No; Cite Source Documentation: There are no Coastal Barrier Resources on West Coast of United States (This element is completed).

( ☐ ) Yes - **Federal assistance may not be used in such an area.**

#### AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone or a Military Installation's Clear Zone?

( ☒ ) No; SD Activity does not involve acquisition or sale of property. Project complies with 24 CFR 51.303(a)(3).

( ☐ ) Yes; **Disclosure statement must be provided** to buyer and a copy of the signed disclosure must be maintained in this Environmental Review Record.

\_\_\_\_\_  
Preparer Signature / Name /Date

\_\_\_\_\_  
Responsible Entity Official Signature / Name / Date

## PART C - Applicant Capacity & Funding Sources

### 1. Capacity

1. Indicate whether you have any CDBG General, Native American, or Colonias grants for the years 2002, 2003, 2004, or 2005?

\_\_\_\_\_ **Yes.** Identify which CDBG Allocation(s) and the applicable funding year(s).

\_\_\_\_\_ **General** Allocation. Funding Year(s): \_\_\_\_\_

\_\_\_\_\_ **Colonias** Allocation. Funding Year(s): \_\_\_\_\_

\_\_\_\_\_ **Native American** Allocation. Funding Year(s): \_\_\_\_\_

**Skip** question #2.

\_\_\_\_\_ **No.** Have not had any CDBG grants in 2002-2005. **Continue** with question # 2 below.

2. If funded from this application, how will you administer the grant? **You must attach supporting documentation for this part of the application.**

\_\_\_\_\_ With in-house staff only. (***Attach resumes and duty statements of staff that will be performing the work.***)

\_\_\_\_\_ With program operator services only.

- ***Attach a letter of interest from the program operator that includes a brief description of experience administering CDBG projects.***
- ***Neighboring jurisdictions that have previously administered a CDBG project are considered program operators for purposes of this question.***
- ***If funded, the Grantee will be required to enter into a contract or sub-recipient agreement, as applicable, with the program operator.***

\_\_\_\_\_ Some combination of in-house and consultant services. Describe below. (***Attach resumes, duty statements, letters, etc. as indicated above.***)

**Please indicate the page numbers in your application where the supporting documentation can be found:** \_\_\_\_\_

## PART C - Applicant Capacity & Funding Sources

### 2. LOCAL LEVERAGE FUNDING SOURCES

**Please identify other funding sources (local), for all activities included in this application.** (To be considered as leverage, funding must be committed.)

| <b>Name of CDBG Activity</b> | <b>Use of Funds</b><br>(for the activity: construction, fees, land acquisition, etc.) | <b>Source of Funds</b><br>(Applicant's general fund, RDA funds, other local government, etc.)<br>&<br><b>Specify Resolution #</b> | <b>Funding Type</b><br>(Loan, grant, in-kind staffing, fee waivers, etc.) | <b>Dollar Amount</b> | <b>Commitment Date</b> | <b>Page # in application</b> |
|------------------------------|---|---|---|----------------------|------------------------|------------------------------|
| <b>General Admin.</b>        | <b>General Admin.</b>   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
|                              |   |   |   | \$                   |                        |                              |
| <b>TOTAL</b>                 |   |   |   | <b>\$</b>            |                        |                              |

(shaded area is for HCD use only)

**If you are proposing any of the following activities, indicate how many housing units will be assisted:**

Housing Rehab. = \_\_\_\_\_ Housing Acquisition = \_\_\_\_\_

**leverage:**

**# of Units:**

**Per unit leverage:**

**PART C - Applicant Capacity & Funding Sources**

**3. PRIVATE LEVERAGE FUNDING SOURCES**

Please identify ALL PRIVATE funding sources, for EACH activity in this application. (funding shown will be placed in grant agreement)

| Name of CDBG Activity | Use of Funds<br>(Activity delivery, the activity) | Source of Funds<br>(Name of Source)<br><br>Include<br>Commitment<br>Letters | Funding Type<br>(loan, grant, in-kind staffing, discounts, donations, etc.) | Dollar Amount | Commitment Date | Page # in application |
|-----------------------|---|---|---|---------------|-----------------|-----------------------|
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
|                       |   |   |   | \$            |                 |                       |
| Housing Rehab.        | Sweat Equity*                                     | _____ Hrs. X \$10 an hour =   |   | \$            |                 |                       |
| <b>TOTAL</b>          |   |   |   | \$            |                 |                       |

**\*Sweat Equity/Lead-Based Paint compliance (see instructions):** *(check all that apply)*

**Homeowners will:**     \_\_\_\_\_ be **required** to take a 1 day Work Safe class  
    \_\_\_\_\_ **Not** be allowed to work on any home built prior to 1979  
    \_\_\_\_\_ **Not** be allowed to work on any lead areas

**PART C - Applicant Capacity & Funding Sources**

**4. STATE FUNDING AVAILABLE FOR ACTIVITIES (WILL NOT be counted as leverage BUT needed for HUD)**

Please identify other funding sources (State), for all activities included in this application.

| Name of CDBG Activity | Use of Funds | Source of Funds<br>(Identify Source) | Funding Type<br>(loan, grant, in-kind, fee waivers, etc.) | Dollar Amount | Committed?<br>(yes/no) |
|-----------------------|--------------|--------------------------------------|---|---------------|------------------------|
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
| <b>Total:</b>         |              |                                      |   | \$            |                        |

## PART C - Applicant Capacity & Funding Sources

**5. FEDERAL FUNDING AVAILABLE FOR ACTIVITIES (WILL NOT be counted as leverage BUT needed for HUD)**

**Please identify other funding sources (Federal), for all activities included in this application.**

| Name of CDBG Activity | Use of Funds | Source of Funds<br>(Identify Source) | Funding Type<br>(loan, grant, in-kind, fee waivers, etc.) | Dollar Amount | Committed?<br>(yes/no) |
|-----------------------|--------------|--------------------------------------|---|---------------|------------------------|
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
|                       |              |                                      |   | \$            |                        |
| <b>Total</b>          |              |                                      |   | \$            |                        |

## PART C - Applicant Capacity & Funding Sources

| 6. PROGRAM INCOME  |   |  |
|--|---|--|
| 1. Enter the total amount of Program Income on account as of June 30, 2006:  | \$ _____  |  |
| 2. Enter the amount of Program Income that has been committed to activities in this application:   |   |  |
| Activities/projects proposed in <b>this application</b> to which Program Income Funds will be added.<br><br>Identify activities:   | <b>Use of Funds</b><br>(as shown in project's sources and uses) | <b>Dollar Amount Committed</b><br>(per Resolution)<br><br><b>Attach Resolution</b> |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| 3. Total Dollar Amount of Program Income funds <b>Committed</b> to activities in this application.   | \$ _____  |  |
| 4. Total Dollar Amount of <b>Non-Committed</b> Program Income: (1. – 3.)   | \$ _____  |  |
| Note: All Program Income that is being committed to activities in this application must be identified in the governing body resolution. In addition, the applicant must ensure that proper citizen participation guidelines were followed. |   |  |



## ACTIVITY DESCRIPTION FORMS

This section of the application contains sets of forms for each of the different eligible activities under the NOFA. Each activity section begins with Instructions on how to complete the activity forms and how to provide the proper documentation so the activity can be rated and ranked.

**Note:** If the forms are incorrectly completed or if the proper documentation is not included, CDBG staff will have to disregard the information and **no** points will be assigned. Therefore, it is very important that the activity forms are completed thoroughly, accurately, and supporting documentation is provided.

### **How to proceed:**

1. **Review the NOFA and the Application Package. Go to the application training workshops.** Select the category of activity you wish to propose. You may apply for more than one activity.
2. Open the appropriate activity sections of the application on a computer and complete them. **Please review the Instructions before filling out any activity forms.** Call your CDBG representative if you have any questions.
3. Complete all parts of the application. Photocopy additional pages as needed.
4. Review the application and Activity Checklist(s) to be sure you have included all the required forms and necessary documentation in this application.
5. Conduct all applicable public hearings. The application approval/submittal must be documented with a resolution of the governing body.
6. Submit application by the deadline.